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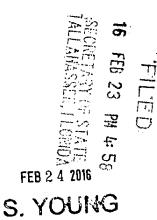
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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

FYF TECHNOLOGIES LLC

(Name of Limited Liability Company)

The enclosed Articles of Dissolution and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# VERONICA FOSSI (Name of Person) FYF TECHNOLOGIES LLC (Firm/Company) 4508 NW 114 AVE SUITE 2103 (Address) DORAL, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

VERONICA FOSSI

...786

376-0934

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee and Certificate of Dissolution

☐ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)

#### **MAILING ADDRESS:**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

ì.	The name of a limited liability FYF TECHNOLOGIES LLC	me of a limited liability company is ECHNOLOGIES LLC			
2.	The Articles of Organization	were filed on $\frac{08/16/2013}{}$ and assigned			
	document number L13000115	817			
3.	Note: If the date inserted in this	e dissolution if not effective on the date of filing: 12/34 ate cannot be prior to or more than 90 days later than date document is received a block does not meet the applicable statutory filing requirements, this does not the Department of State's records.	i for filing) date will not l		
4.	A description of occurrence the 605,0707, Florida Statutes, (co	hat resulted in the limited liability company's dissolution pursua opy 605.0707 on back cover letter).	nt to sectior		
	THE MEMBERS OF CO. FYF T	TECHNOLOGIES LLC FOLLOWING THE OCCURRENCE OF ANY	Y OF THE		
	EVENTS SPECIFIED IN THIS	SECTION WHICH CAUSE THE DISSOLUTION OF THE LLC., SH	ALL		
	DELIVER ARTICLES OF DISS	SOLUTION TO THE DEPARTMENT OF STATE FOR FILING.			
			6 A -		
	If there are no members, enter	the name and address of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the person appointed to wind up the control of the control of the person appointed to wind up the control of the co	ompany's		
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6. lis	Signature of an authorized per sted above to wind up the comp	rson or if there are no members, the signature of the person appoany's activities and affairs:	pinted and		
	/ea/	VERONICA FOSSI			
	Cionotura	Printed Name			

**FILING FEE: \$25.00**